

**NC DIVISION MH/DD/SAS
IMPLEMENTATION REVIEW OF NEW MEDICAID SERVICES
2005/2006**

SECTION I: PERSON-CENTERED PLANNING

Provider:	Review Date:	
Provider #:	Name on PCP:	
Control #:	Service Type:	
LME:	First Service Date Billed:	
LME Record #:		
RATING CODES: 0 = Not Met/No 1 = Met/Yes 9 = NA		RATING
PERSON-CENTERED PLAN:		
1. Is the "important TO" information from the interview sections reflected in the Action Plan?		
2. Is there evidence that the person participated in his/her own plan?		
3. Are services ordered using the PCP format?		a.
a. Is the signature of the appropriate licensed professional evident?		b.
b. Is the annual review date for the service order(s) present?		
4. Is First Responder information adequately documented?		
5. Is the Crisis Prevention/Crisis Response section completed?		
COMMENTS:		
REVIEWER:		

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SECTION II: SERVICE IMPLEMENTATION and MOA

Provider:	Review Date:	
Provider #:	Service Type:	
LME:	First Service Date Billed:	
RATING CODES: 0 = Not Met/No 1 = Met/Yes 9 = NA		RATING
SERVICE IMPLEMENTATION		
1. Is the provider endorsed by the LME to provide this service?		
2. Is there a process in place for meeting the training requirements per service definition?		
3. Is there a system in place to track face-to-face and out-of-office/onsite treatment as required by the service definition?		
4. Does the provider agency meet staff/team requirements for the service provided?		a.
a. On what date did the provider first meet the requirements?		
b. Was the above date on or before the first billing date for this service?		b.
5. Does the provider have a system in place that meets First Responder / Crisis Response requirements (for CS, CST, MST, ACTT, IIH, SAIOP, SACOT)?		
MEMORANDUM OF AGREEMENT and RULES		
6. Does the provider have a system in place to track all referrals?		
7. Does the provider have a system in place to track submission of complaints and incidents?		
8. Does the provider have a system in place to track submission of CDW and NCTOPPS data?		
9. Does the provider have a policy in place on the use of restrictive intervention?		
10. Does the provider have a policy in place on maintaining a client rights committee?		
11. Has the provider begun the process of National Accreditation?		
a. Name of accrediting body: _____		
b. Target date for completion: _____		
COMMENTS:		
REVIEWER:		